

**DOWN PAYMENT ASSISTANCE LOAN PROGRAM
FOR
PUBLIC SCHOOL EMPLOYEES, CITY EMPLOYEES AND CHILDCARE TEACHERS**

City of Sunnyvale-Housing Division
456 W. Olive Avenue
Sunnyvale, CA 94086
(408) 730-7451
Fax: (408) 730-7715

Verification of Employment

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Applicant: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize the release of information to the City of Sunnyvale, Housing Division, in order to determine eligibility.

Signature of Applicant

Date

** ** *

TO BE COMPLETED BY EMPLOYER

1. Occupation: _____
2. For School Districts/Child Care Providers:
Name of School where assigned _____
3. Employed from: _____ to _____
4. Salary per month: _____ Salary for past 12 months: _____
5. Average hours of work: _____
6. Is work seasonal, permanent, or part-time: _____
7. Employee has completed all probationary periods: _____
8. Other compensation not included above (specify, i.e.: gas, tips, etc.) _____

This information is furnished for the City of Sunnyvale, Housing Division's use in determining the Applicant's eligibility for the Housing for Public School Employees, City Employees, and Child Care Teachers-Down Payment Assistance Program and should not be disclosed to any other organization or person.

Authorized Signature

Title

Date